ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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received
10/4/19

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Oct. 4, 2019 Case Number: 20-38

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Hanna Wachtel

Premise Name: 1st Pet Veterinary Center - North Valley

Premise Address: 18453 N. 7th Ave

City: Phoenix State: AZ Zip Code: 85023

Telephone: (602) 849-0700

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Kelly Evans

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Boo Evans

Breed/Species: Feline

Age: 12 Sex: Male Color: Buff

PATIENT INFORMATION (2):

Name: N/A

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Danica Dahlquist, Ryan Lunt, Brian Toncray & Hanna Wachtel. | (623) 849-0700
1st Pet, 18453 N. 7th, Phoenix, AZ 85023.

Russell Greene (specialist brought in by 1st pet) | (602) 953-9541

Mindy Bemmerl | (623) 825-6566
Happy Valley Animal Hospital. 6615 W. Happy Valley Rd. STE 106. Glendale. AZ

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Sal Fernandez | [redacted]

Tyson Wildman | [redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature KJ Evans

Date: 10/02/19

F. ALLEGATIONS and/or CONCERNS:
Please provide all information that you feel is relevant to complaint. This portion must be either typewritten or clearly printed in ink.

1. 1st Pet North Valley did not ask me if my cat had eaten prior to the sedation procedure, despite his appointment being at 8pm and the procedure being done around 11pm. I specifically asked for the risks prior to giving my okay, and only one risk was mentioned. Dr. Lunt has since admitted in a phone call that this was an error in communication on the original vet's part.

2. All three veterinarians seen in the week following the sedation procedure ignored my concerns that the sedation (any part of it, not just the medication used) may have something to do with my cat's sudden and serious decline in health immediately following the procedure.

3. Because we were focused on the cause of my cat's sudden decline, the ear infection he was initially brought in for was forced to become less of a concern. He is subsequently partially deaf, and we don't know if it's from the infection, the medications, the trauma—or if it's temporary or permanent.

On the evening of 08/13/19, I brought my cat, Boo, to the 1st Pet Veterinary Center North Valley location to be treated for an ear infection. Aside from the ear infection symptoms, my cat was healthy, happy and acting like his normal self. My appointment was for 8pm and my cat wasn't seen until about 10pm, though I understood there was an emergency the doctor was treating. When my cat was finally seen around 10pm and the ear infection confirmed, they proceeded to give my cat a pain medication so they could clean his ear. After the ear cleaning, my cat was annoyed and no longer wanted his ear to be touched. The vet, Dr. Dahlquist, suggested sedating him to be able to get the ear medication in more precisely. **I asked what the risks of sedation would be, and I was told the only risk was if my cat had a diagnosed or underlying cardiovascular issue.**

It was also mentioned that the sedation used was one that was 100 percent reversed and my cat should be okay immediately after the reversal. **No other risks were mentioned specifically**, and I okayed the procedure. I was told the procedure would take 30-40 minutes and it was suggested I go get something to eat since I had been there for over three hours at this point. While out, I received a call from Dr. Dahlquist and was told Boo was ready to be picked up and everything went fine. She asked me if I had any questions and I told her that I didn't right then, but possibly when I got back to the office. I stated I would be there in five minutes and when I returned a vet technician brought Boo to me and informed me the doctor had left for the night. When I observed Boo during checkout, he seemed very out of it and had nasal discharge and he was periodically sneezing/coughing. I remember asking if he was going to be "out of it" for a little while. The tech said something along the lines of "probably". I figured he was still on pain meds and coming back from the sedation and generally did not feel well and we left.

When I brought Boo home, he was visibly unsteady on his feet and would fall if he tried to walk. I put him in a soft crate with litter, food and water because of this. I was concerned, but because I was told the procedure went fine, I figured it was just a reaction to the meds that would wear off as the night went on. I woke up at about 5am on 08/14/19 to my cat coughing and he still could not stand on his feet without stumbling. I called 1st Pet to ask if my cat should still be reacting to any of the medications and I was told probably not, but to wait until about 12 hours had passed and if he still seemed off, to call again and they would probably suggest I bring him in.

At 10am on 08/14/19, he was still unsteady on his feet, extremely lethargic, and had significant nasal discharge and a cough. I was concerned that maybe he was having a bad reaction to one of the medications or had developed kennel cough. I was told to bring Boo in to have him evaluated. At this point, I had to call work and let them know that I was going to be late and may not be in at all depending on what happened at the vet. I was definitely uncomfortable leaving him home alone in his state. When Boo was seen on 08/13/19 by Dr. Lunt, I brought up my concerns that this was related to the sedation procedure (at this point, mostly the medications, but in general as well), as my cat was himself prior to the sedation. Dr. Lunt said it was very unlikely he was having a reaction to the sedation but noted one pupil was more dilated than the other. **This was the first of many times over the course of the next week that my concerns regarding the sedation were brushed off, if not completely ignored.** He believed that the procedure may have kicked up an upper respiratory infection, or perhaps his ear infection became a middle ear infection, but there was no mention of pneumonia or any other sedation-related complications.

Boo had a Chem17 Profile done to check kidney and other functions. Dr. Lunt prescribed amoxicillin/clavulanate and 1L of SQ fluids to take home and administer myself. The discharge instructions from this visit do not mention a URI, just the ear infection, anisicoria and dehydration. At this point, Boo had not eaten since the prior day, 08/13/19. Because my cat could not even walk properly and was so lethargic, I decided to stay home to keep an eye on him. Our exam re-entry fee was waived, but this would be the only time any accommodation would be offered. I began Boo's antibiotic medication that day. I also quarantined Boo, as there are other pets at the residence.

The following day, on 08/15/19, Boo was still not eating and showed no interest in food or water. He was still extremely lethargic, and still had nasal discharge and the cough. He seemed extremely uncomfortable and would lay down where he felt he was most hidden. I brought Boo in to 1st Pet again and was growing concerned with the growing cost of having to keep returning, especially since he was showing no signs of improvement. It was suggested to just have a vet technician check his vitals and if those seemed okay, an exam wouldn't be necessary. He was checked and his vitals were okay, so a vet technician administered fluids for me, as I was not yet comfortable with doing it myself. Boo was also given a single dose of an appetite stimulant (mirtazapine) and we decided I would bring him back the following day if he was still not eating. He was not seen by a doctor on 08/15/19. This visit required me to go into work late. I also left early due to lack of sleep, as my cat required care and checks throughout the night. At this point, a camera was fixed to the room he was quarantined in so that I could keep an eye on him while nobody was home.

On Friday, 08/16/19 at around 2pm in the afternoon, my roommate informed me that Boo had taken 2-3 small bites of tuna when he offered. Boo still showed no interest in water and that was the only time he was interested in food since the sedation on 08/13/19. When I got home myself, around 7:30pm, Boo had not eaten anything else and would not eat for me. I was concerned with dehydration and so I brought him to 1st Pet to have his fluids administered again. While I was there, the vet technician was concerned with Boo's state and suggested he be seen by the doctor. I said okay and Boo was seen a little while later by Dr. Toncray. Dr. Toncray did an evaluation, during which he pushed on Boo's stomach and said Boo seemed very uncomfortable when he did that. Dr. Toncray then proceeded to tell me that he believed Boo had some unknown underlying condition that was brought to the forefront by the stress of the sedation and subsequent vet visits. Dr. Toncray's outlook was very dire and negative and I felt like I was being scared into spending money I did not have because my cat was practically about to die.

Hepatic Lipidosis was brought up due to the anorexia Boo was presenting with as well. I suggested that maybe my cat was tired of being poked at this point, four days into vet visits and not feeling well, but this was not Dr. Toncray's belief. Dr. Toncray suggested I hospitalize Boo and allow them to bring in a

specialist to do an ultrasound of Boo's abdomen. When I again mentioned, on several occasions, that Boo was fine prior to the sedation, my concerns were again brushed off and it was again suggested that he must have already been sick with some kind of disease (cancer was suggested) that he was just now showing symptoms of. I was informed the hospitalization and weekend visit from the specialist could cost between $1200 and $2100 and that it guaranteed nothing.

As I did not have this kind of money available, I began working out other options. This would take almost three hours, as the vet technician would have to run between me and the doctor. My cat, during this time, was lying in the corner of the exam room, not being treated. I finally decided to apply for and accept a ScratchPay loan so that Boo could be hospitalized that night, given IV fluids, force fed, and stronger meds administered. Boo also had more bloodwork done. I did not opt for the specialist yet, as I could not afford both and they could not tell who it would be or how much it would cost at that point. Boo was admitted to the hospital, I was shown where he would stay for the night, and then I left for the night with the promise of being kept updated.

I called early in the morning on 08/17/19 to get an update, and the ER technician said Boo seemed a little bit better, and that she was able to force feed him some food. Later that morning, Dr. Toncray called with another update and essentially said the exact opposite of what the vet technician had told me. He informed me that Boo did not seem better and that he hadn't taken any food. I still don't know what the truth is about that night. But I again felt like I was being scared or guilted into spending money I did not have. When I came in later in the morning, Dr. Wachtel was now the treating veterinarian. At this point, both roommates came with me to pick up Boo and speak with the vet. Dr. Wachtel essentially said the same thing as Dr. Toncray, that she believed there was some underlying disease or condition that Boo was just now showing signs of. Again, when I brought up that he was fine prior to the sedation, with yet another doctor, my concerns were brushed off as doubtful. At this point, aspiration pneumonia still hadn't been mentioned once. Both Dr. Toncray and Dr. Wachtel were convinced something was something going on with one of the organs in Boo's abdomen. It was suggested again to bring in the specialist, but I still did not have the funds and they couldn't be sure what it would cost or who would be performing it.

After talking it over with my roommates and family, I decided to bring Boo home until I could figure out what to do financially and regarding Boo's treatment. Both myself and my roommates would watch him around the clock, with scheduled force feedings and SQ fluid treatments. During this time, we were successful in force-feeding Boo meat-based baby foods, as well as a mixture of tuna and high-calorie gel with water. On 08/17/19, I also started a GoFundMe to raise the funds for Boo's specialist visit and maybe any subsequent visits that may be needed. At this point, I had maxed out credit, taken a loan, and borrowed money from family to make sure my cat could get treatment, and I was desperate. I was very uncomfortable asking for money, but I had literally run out of options. I brought Boo in to 1st Pet on 08/18/19 to receive SQ fluids and Dr. Wachtel came in to discuss more options. She suggested possibly trying steroids as a last-ditch effort to stimulate his appetite, as well as to deal with any inflammation regarding her and Dr. Toncray's suggestions about underlying diseases in the region of Boo's abdomen. When I asked the risks of trying steroids, she did state that if it was an infection and not something underlying as they thought, he could get worse. I asked if since I was planning on setting up an appointment with the specialist for the next morning, were the steroids necessary (as the risk made me uncomfortable considering he already had an ear infection and we didn't actually know what was happening at the time). She said no, and I decided against the steroid treatment. I am, however, also concerned by the suggestion, considering the outcome. I had 1st Pet set up the appointment with the specialist for the following morning. By Sunday, 08/18/19, I had raised enough funds to cover the specialist visit, though I did not reach the full goal.

On the morning of 08/19/19, I called out of work so that I could take Boo to his early morning appointment with Dr. Russell Greene, the specialist brought in by 1st Pet. Boo had only eaten what was force fed to him over the weekend. He was still uninterested in food or water on his own, still lethargic, and still had nasal discharge, though his cough and sneezing had subsided significantly. He had lost over 1.5lbs since his initial visit on 08/13/19. After speaking with Dr. Greene about Boo's state and situation, he immediately suggested that Boo may have aspirated something during the sedation, and that he may have developed pneumonia. I asked Dr. Greene directly if I should have been asked prior to the procedure if Boo had eaten and he answered yes. Dr. Greene then proceeded to do an abdominal ultrasound, as requested by 1st Pet. He noted that all of Boo's organs looked good and besides what may be the very beginning of hepatic lipidosis, Boo looked well. He then stated that he had a suspicion and that he wanted to check Boo's chest. He said he would do it without charging extra. Dr. Greene said there was fluid around Boo's right lung (pleural effusion). He told me he believed that all signs pointed to something being aspirated during the sedation procedure. I asked if it could have been from the SQ fluids being administered and he said no.

Dr. Greene prescribed pradofloxacin along with the clavomox already being administered, as well as lactulose to ward off any possible lipidosis until Boo started eating on his own again. If Boo was still showing the same symptoms and still not eating in one or two days, I was to bring Boo back in. Dr. Greene's assistant also administered SQ fluids. This visit was the first time I felt heard since the entire ordeal began, and I appreciate Dr. Greene's help. The veterinarian in for 1st Pet that morning was a Dr. Kung, and except for her name being on the meds Dr. Greene prescribed, she had no interactions with Boo. She was also unaware of Dr. Greene's visit that day to see my cat until he showed up. After this visit, I decided I would not be bringing Boo back to 1st Pet. Within a little over a day after being prescribed the new medications to treat pneumonia, Boo began to show interest in the clinical food suggested by Dr. Greene (high calorie), as well as water. His energy slightly increased as well. Within two days, Boo was eating on his own and his energy continued to increase. The liver medication was causing some diarrhea, but overall, he was considerably and noticeably better. He was no longer hiding to sleep or rest and welcomed attention.

As Boo continued to get better, I set up a follow-up appointment with Happy Valley Animal Hospital. On 08/24/19, Boo was seen by Dr. Bemmerl. Boo was responsive and perky, and walked around the room, though still thin. Dr. Bemmerl said Boo's lungs sounded good and he seemed well compared to the records she read from 1st Pet. She also noted his ear infection seemed to have cleared up. She suggested a heartier clinical food to help with the diarrhea. She suggested to continue his current diet (clinical wet food 2x a day along with dry food and water). She suggested I bring him back in a week or two, or sooner if he began to decline again. Around 08/26/19, I noticed that my cat suddenly didn't seem to be able to hear. He was not reacting to loud sounds, or sounds made next to or behind his head. Due to our focus on Boo's declining health, we were not able to keep up with Boo's ear infection, though it did seem to clear up. I brought Boo back to Happy Valley Animal Hospital on 08/27/19, where Dr. Bemmerl confirmed that Boo seemed to be completely deaf. She suggested waiting a few weeks to see if it was temporary before ordering additional tests. In the meantime, she offered to research all the medications Boo had been on since 08/13/19 to see if any listed loss of hearing as a side effect. She did find out that the ear medication used to treat Boo on 08/13/19 is considered off-brand for cats, and that there are a few cases of it causing hearing loss, but that it is stated as a rare risk/side effect.

My overall complaints are those listed at the beginning. Despite having an evening appointment with no anticipation of needing sedation, I was not asked if my cat had eaten prior to the sedation procedure. If I knew this was a risk, I would have declined the sedation. His symptoms appeared immediately after the sedation procedure. For an entire week, 1st Pet declined to take my concerns that my cat's state was caused by the sedation procedure, whether that meant the medication or the procedure itself, into consideration. I

believe not considering this possibility caused a delay in my cat's care, and I consider that a form of neglect. This delay also caused extensive vet bills and follow-ups that caused me to miss work and lose pay. My cat's body went through significant trauma and he has lost muscle mass from the experience. I also believe that Dr. Toncray used scare tactics to try and get me to spend thousands of dollars.

After speaking with Dr. Greene, he believes that all the evidence seems to point to aspiration pneumonia as well. I reached out to 1st Pet to try and resolve my concerns and ask for a refund for the sedation costs and all subsequent visits, but they do not believe they are responsible. This is despite admitting that there was bad communication during that first visit. I waited almost a month to hear back from them, at which time I was told Dr. Lunt (who made the decision) went on vacation twice. I believe I did everything in my power to help my cat and that my cat did not receive proper and adequate care until an outside entity became involved. I am asking that 1st Pet at least cover the cost of the first exam that included the sedation, as well as all subsequent visits resulting from original visit on 08/13/19. This includes the visits to Happy Valley Animal Hospital. I am not asking for the $240 loss in pay for missing work or the interest I am currently accruing on two credit cards and a loan. Nor am I asking for the cost of an additional litter box and litter, which I wouldn't normally need, or the increased quantity of food I now need to buy to help Boo gain weight. If nothing else, I would be okay with the cost of "care" accrued at their facility.

1st Pet:
First exam - 08/13/19: $333.81
Second visit – 08/14/19: $282
Third visit – 08/15/19: $0 (no exam)
Fourth & Fifth visits – 08/16/19 into 08/17/19: $638
Sixth visit – 08/18/19: $18
Seventh visit – 08/19/19: $715 (including clinical food purchase)

Happy Valley Animal Hospital:
Eighth visit – 08/24/19: $44.38
Ninth visit – 08/27/19: $41
Tenth visit – 09/27/19: $338

Total: $2,410.19

1st Pet VETERINARY CENTERS
The one to call – 24/7

In Re: Hanna Wachtel, D.V.M. Case# 20-38

Boo Evans, an 11-year 8-month-old male castrated domestic short hair cat was presented to 1st Pet Veterinary Centers-North Valley initially on August 13, 2019. He was seen by Dr. Dahlquist who diagnosed bilateral otitis externa and dental disease. He was sedated with buprenorphine and dexmedetomidine. His ears were cleaned, and Claro applied bilaterally. His sedation was reversed with atipamezole.

Boo remained sedate with vomiting and inability to walk following the procedure and presented on August 14, 2019 to Dr. Lunt. He was hypothermic, dehydrated and had developed anisocoria. A chemistry panel was performed revealing a very mild stress leukogram, elevated ALT (liver enzyme) and a low creatinine (kidney enzyme). He was discharged with amoxicillin/clavulanate suspension for a suspected inner ear infection and subcutaneous fluids were administered.

On August 15, 2019, Boo was presented for a technician appointment for continued lethargy and inappetence. The technician was concerned about Boo and he was brought to the ICU for a brief exam. A recheck exam was recommended and declined by Kelly Evans, the owner. I prescribed subcutaneous fluids and oral mirtazapine was administered. Additionally, Boo was discharged with syringes to assist in feeding.

On August 16, 2019, Kelly Evans called to report that Boo remained inappetent despite the appetite stimulant. She was also having difficulty medicating him. A recheck exam was recommended.

On the evening of August 16, 2019, Boo was presented to Dr. Toncray for marked hyporexia and lethargy. He was mildly tachypneic with a resting respiratory rate of 60. Cranial abdominal pain was noted. He was hospitalized overnight with intravenous fluids, ampicillin/sulbactam (an antibiotic) and Entyce (an appetite stimulant). Boo remained inappetent, but the owner elected discharge without an abdominal ultrasound at that time.

On August 18, 2019, Boo was presented for subcutaneous fluid administration. The owner had been syringe feeding at home and he readily ate a jar of baby food with syringe feeding. They were interested in additional medications and elected to wait and speak with a doctor. I spoke with the owners at length about steroid use as well as the risks of a disease progression if an infectious process was present. The owners remained undecided about the abdominal

ultrasound. I recommended having the abdominal ultrasound performed prior to initiating treatment with a steroid. The owners elected to have an abdominal ultrasound performed the following day and did not want steroids at that time.

On August 19, 2019, Boo was presented for an abdominal ultrasound with Dr. Green. He had nasal discharge, a 2/6 heart murmur and increased respiratory effort. The abdominal ultrasound was unremarkable, but right-sided pleural effusion was noted. The owner declined thoracic radiographs. Concerns for aspiration pneumonia were discussed, and Pradofloxacin was prescribed. The owner elected to continue syringe feeding at home. Concerns for development of hepatic lipidosis were discussed.

After the abdominal ultrasound, the owner elected to continue care through Happy Valley Animal Hospital.

I am confident that the care and recommendations provided to Kelly Evans were appropriate and in compliance with the applicable standard of care. Recommendations for additional diagnostics were made, but due to financial constraints, the patient was treated symptomatically. A copy of Boo's medical record is enclosed with this response. Thank you for providing me with the opportunity to respond to this complaint. I respectfully request that the Board dismiss claim# 20-38 with no violations.

Respectfully submitted,

Hanna Wachtel, D.V.M.

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Jarrod Butler, D.V.M.
Christina Tran, D.V.M. - **Absent**
Carolyn Ratajack
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook – Compliance Specialist
Mary Williams – Assistant Attorney General

RE: Case: 20-38
Complainant(s): Kelly Evans
Respondent(s): Hanna Wachtel, D.V.M. (License: 6556)

SUMMARY:
Complaint Received at Board Office: 10/4/19
Committee Discussion: 1/7/20
Board IIR: 2/19/20

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow).

On August 13, 2019, "Boo," a 12-year-old male domestic short hair cat was presented to 1st Pet Veterinary Centers for scratching at his ears. The cat was administered pain medication for the ear clean and was subsequently sedated, due to temperament, to complete the ear exam. After the aural exam, ear medication was administered, the sedation was reversed and the cat was discharged.

The following day, the cat was lethargic and unsteady, had nasal discharge and a cough, and was not eating. Complainant brought the cat back for evaluation. Blood work was performed and the cat was sent home with antibiotics and SQ fluids.

The cat continued to be anorexic, lethargic and have nasal discharge with a cough. Complainant agreed to hospitalization for one night and was discharged the next day.

The cat underwent an abdominal and thoracic ultrasound and it was suspected the cat had aspiration pneumonia possibly due to sedation for the ear treatment.

Complainant was noticed and appeared telephonically.
Respondent was noticed and was available telephonically. Attorney, David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Kelly Evans*
- Respondent(s) narrative/medical record: *Hanna Wachtel, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Happy Valley Animal Hospital; and Russell Greene, DVM*
- Witness(es) statements: *Sal Fernandez and Tyson Wildman*

PROPOSED 'FINDINGS of FACT':

1. On August 13, 2019, the cat was presented to Dr. Dahlquist due to scratching at his ears. According to Complainant, aside from ear infection symptoms, the cat was happy and healthy. In the medical record, it was noted that the presenting complaint was possible ear infection of the right ear for approximately one week. The cat was shaking his head, Complainant washed the ears with a warm wash cloth twice. The cat was only drinking water out of the faucet, not from bowls any longer, which was odd for the cat. Complainant reported possible weight loss as the cat seemed more thin than normal. The cat was not up to date on vaccines.

2. Upon exam, Dr. Dahlquist noted the cat had a weight = 9.26 pounds (Dec. 2018 wt. = 10.6), a temperature = 100.2 degrees, a pulse rate = 150bpm and a respiration rate = 24rpm; BAR. The cat's left ear had mild erythema and normal tympanic membrane; the right ear had moderate erythema, swelling, pain and discharge – the tympanic membrane was difficult to visualize. Dr. Dahlquist also noted the cat had severe gingivitis and calculus as well as mild whole body cachexia. The cat's eyes were normal in size and symmetrical and no neurologic abnormalities were noted.

3. Dr. Dahlquist discussed with Complainant the need for cytology, pain injection, ear cleaning and ear medication; Complainant approved. The cat was administered buprenorphine 0.12mg IV, cytology obtained (cocci identified), and the cat's ears were cleaned with TrizEDTA. The cat would not tolerate Dr. Dahlquist examining the ears to visualize/evaluate the tympanic membranes therefore Complainant was asked if the cat could be sedated so the ear exam could be completed and medication administered. Dr. Dahlquist stated that the general risks of sedation were discussed with Complainant; however, Complainant stated that the only risk of sedation that was relayed to her was if the cat had a diagnosed or underlying cardiovascular issue. She was also advised that the sedation used was one that was 100 percent reversible. Complainant approved the sedation and left the premises to grab something to eat.

4. The cat was administered Dexdomitor 0.2mg IM and according to Dr. Dahlquist, flow-by oxygen was started and the cat's head was elevated. Technical staff stayed with the cat and monitored his vitals until recovery – no abnormalities were noted. An oral and ear exam was performed, the ears were cleaned and Claro 1 vial, a long-acting ear medication, was administered to both ears. The sedation was reversed with Antisedan 2mg IM, an Elizabethan collar was placed, and the cat recovered uneventfully according to Dr. Dahlquist.

5. Complainant arrived to pick up the cat and a staff member brought the cat to her. Complainant was told Dr. Dahlquist had left for the night. Complainant noted that the cat seemed out of it, had nasal discharge and would periodically sneeze/cough. She asked if the cat would be out of it for a while, and staff responded, probably. Complainant assumed the cat

was still on pain medication, was recovering from the sedation and overall did not feel well.

6. When Complainant returned home, she noted the cat was visibly unsteady and would fall if he tried to walk. She placed the cat in a carrier and figured he would be better in the morning after the medication wore off. Later, Complainant woke to the cat coughing; he still could not stand without stumbling so she called the premises for advice. Complainant was told to wait until 12 hours had passed and if the cat was still exhibiting the same signs, call back and they would likely have her bring the cat in for evaluation.

7. At 10am, August 14, 2019, the cat was still unsteady on his feet, lethargic, and had significant nasal discharge and a cough. Complainant was concerned the cat was having a reaction to one of the medications or had developed kennel cough. Complainant was advised to bring the cat in to be looked at.

8. The cat was presented to Dr. Lunt at 1st Pet Veterinary Centers for evaluation. Upon exam, the cat had a weight = 8.5 pounds, a temperature = 98 degrees (axillary), a pulse rate = 160bpm and a respiration rate = 40rpm; the cat was depressed but alert. It was noted in the medical record that the cat had urinated in his kennel on the ride over which was not normal and that he had vomited that morning. Dr. Lunt noted some inflammation and some blood at the entrance to the right ear canal but was unable to look into the right ear canal without sedation; left ear was normal. He further found anisicoria with the right pupil being larger than the left. The cat's gums were tacky and it was documented in the record that there was no nasal discharge. Lungs sounds were normal - no fluid, crackles or wheezes.

9. Dr. Lunt stated in his narrative that on exam of the cat he did find some nasal and ocular discharge along with anisicoria. The cat also seemed a little weak/wobbly when walking. Respondent did not know the cat had a cough nor did he hear one at the time of the exam. He discussed his concerns with Complainant of a possible reaction to the topical medication or possible otitis interna/tympanic membrane damage. The nasal and ocular discharge could be associated with middle ear disease or other infectious causes. Due to Complainant commenting on the cat's weight loss history, Dr. Lunt also discussed a possible underlying disease.

10. Complainant stated that Dr. Lunt did not mention pneumonia or any sedation-related complications. She had explained that the cat was fine prior to sedation and Dr. Lunt said it was unlikely the cat was having a reaction to the sedation and believed the procedure may have instigated an upper respiratory infection or possibly the ear infection became a middle ear infection.

11. Blood work and blood pressure was recommended; Complainant approved:

BP = 140 systolic

pCo2	*65*
pO2	*33*
Hct	*168.6 (?)*
Na	*3.07*
K	*126.5*
Cl	*1.20*
iCa	*1.2*

Glu	*164*
Neut	*11.35*
Lymph	*0.88*
Eos	*0*
Creat	*0.4*
Alt	*212*
Amyl	*489*

12. The cat was administered 250mLs of Lactated Ringer's Solution SQ and discharged with Clavamox Suspension 50mLs of 91.4mg/mL; give 0.8mLs orally every 12 hours for 10 days. Complainant was to return if the cat became worse or did not improve.

13. On August 15, 2019, the cat was still not eating and showed no interest in food or water. He was lethargic and still had nasal discharge and the cough. Complainant again presented the cat to 1st Pet Veterinary Centers to have technical staff check the cat's vitals and possibly see a doctor if there was a concern. The cat had a weight = 8.5 pounds, a temperature = 100.7 degrees, a pulse rate = 210bpm and a respiration rate =28 – purring; the cat was depressed but responsive. Technical staff expressed concern for the cat and brought the cat into the treatment area for a brief exam. Dr. Wachtel recommended a recheck exam, which Complainant declined, therefore she prescribed SQ fluids (100mLs LRS) and oral mirtazapine 15mg (3.75mg – ¼ tablet) was administered orally. The cat was discharged with LRS fluids and Complainant was instructed to administer 100mLs SQ once a day as needed. Syringes for force feeding were also dispensed to Complainant.

14. On August 16, 2019, the cat was presented to 1st Pet Veterinary Centers to have SQ fluids administered to the cat. Complainant was concerned as the cat was still lethargic and had no interest in food, despite being administered mirtazapine the day before. Technical staff member, Ms. Mangone, obtained the cat's vitals: Weight = 8.4 pounds, pulse rate = 150bpm, respiration rate = 60rpm; mucous membranes = pink; attitude = dull and lethargic. Ms. Mangone express concerns to Complainant regarding the cat's condition and recommended a doctor take a look at the cat; Complainant agreed.

15. Dr. Toncray greeted Complainant and evaluated the cat after reviewing his history. He noted pain cranially on abdominal palpation and mucous was present on the upper left side of the cat's mouth. Dr. Toncray expressed concern regarding the cat's weight loss and the possibility of an underlying condition that needed to be addressed. Complainant told Dr. Toncray that the cat was normal prior to the sedation. Dr. Toncray stated that given the weight loss, anorexia, and elevated ALT, he recommended the cat be hospitalized overnight on IV fluids and antibiotics with a plan to have an internal medicine consultation with abdominal ultrasound the following morning. Complainant elected to hospitalize the cat overnight and declined the internal medicine consultation at that time. Dr. Toncray's differential diagnosis was systemic disease, cholangitis, neoplasia, tooth root abscess and other.

16. Blood was collected, an IV catheter was placed and the cat was started on Lactated Ringer's Solution, 100mLs bolus over an hour. Blood work showed the following abnormalities:

Serum Color	*Icteric*
pO2	*52.2*
Na	*162.9*

K	*2.63*
iCa	*1.14*
HCO3	*24.7*

17. Potassium chloride was added to the cat's IV fluids (4meq/100mL) and the rate was decreased to 10mL/hr. The cat was also started on Unasyn 114mg IV and Entyce 12mg PO. Additionally, attempts were made to force feed the cat but the cat was resistant.

18. The following morning (8/17/19), Dr. Toncray contacted Complainant with an update of the cat. He advised that the cat continued to be lethargic and was not doing better. He again recommended having an internist evaluate the cat and perform an ultrasound; Complainant declined and was to visit the cat later that day. The cat's care was transferred to Dr. Wachtel.

19. Complainant and her two roommates went to the premises to pick up the cat. According to Complainant, Dr. Wachtel also advised her that she believed the cat had an underlying disease or condition. When Complainant brought up that the cat was fine prior to the sedation, her concerns were brushed off again. Dr. Wachtel suggested the cat be evaluated by a specialist and Complainant expressed financial constraints. The cat was discharged with Entyce.

20. Complainant and her roommates continued SQ fluids and force feeding the cat. They were successful in force feeding meat based baby foods and tuna mixed with a high-caloric gel. Complainant started an online fundraising campaign in order to raise funds to have the cat evaluated by a specialist.

21. On August 18, 2019, the cat was presented to 1st Pet Veterinary Centers for SQ fluid administration. Technical staff member, Ms. Levens, obtained the cat's vitals: Weight = 8.8 pounds, temperature = 102.7 degrees, pulse rate = 250bpm and respiration rate = 50rpm. Complainant reported that she had been successful in syringe feeding the cat; he had been urinating, but not drinking water. She had been administering the antibiotic and Entyce. Complainant was interested in additional medications and elected to speak to a doctor.

22. Dr. Wachtel spoke to Complainant at length about steroid use as well as the risks of a disease progression if an infectious process was present. Complainant was still undecided about the abdominal ultrasound. Dr. Wachtel recommended having the ultrasound performed prior to initiating treatment with a steroid. Complainant elected to hold off on steroid treatment and pursue the ultrasound the following day.

23. On August 19, 2019, the cat was presented to 1st Pet Veterinary Centers to have an ultrasound performed by Dr. Greene. Dr. Greene reviewed the cat's history and examined the cat; he noted the cat was hunched, had bilateral serous nasal discharge and a soft, grade 2/6, left base, holosystolic heart murmur. A slight increase in effort of respirations was also noted but lungs ausculted clear; tracheal manipulation did not elicit a cough; and the cat was somewhat thin.

24. Dr. Greene performed an abdominal ultrasound and could see pleural effusion across the diaphragm on the right side. He felt that there was a chest reason for the cat to not feel well therefore a brief thoracic ultrasound was performed at no charge. Dr. Greene confirmed pleural

effusion was on the right side – Complainant declined a full cardiac ultrasound and thoracic radiographs due to financial constraints. He advised Complainant and Dr. Wachtel that he was making a tentative diagnosis of aspiration pneumonia with secondary pleural effusion. Empiric therapy was suggested and if it did not work, then further diagnostics would be recommended.

25. Dr. Greene stated that he discussed with Complainant that anytime anesthesia is done, there is a risk of aspiration pneumonia. Material can go down the trachea when a pet is not fully awake. He further explained that the reason for the tentative diagnosis was that Complainant reported the cat's coughing and gagging occurred shortly after the anesthesia and relayed that the cat had none of these signs prior to the anesthesia. The diagnosis could not be confirmed without additional diagnostics however. Pradofloxacin and Lactulose were dispensed by Dr. Kung (associate at 1st Pet Veterinary Centers) and Complainant elected to continue syringe feeding the cat at home.

26. According to Complainant, the cat began to improve after a day on the new medications and within two days was eating on his own. She elected to take the cat elsewhere for follow-up care.

27. On August 24, 2019, the cat was presented to Dr. Bermmerl at Happy Valley Animal Hospital for a follow up exam. After reviewing the cat's history, Dr. Bermmerl recommended tapering down the Lactulose due to the cat having diarrhea, and continue nutritional support and Pradofloxacin. If the diarrhea did not resolve, metronidazole could be added. The cat was discharged with a/d and w/d diets. Radiographs would also be recommended if there were any concerns or changes with the cat.

28. On August 27, 2019, the cat was presented to Dr. Bermmerl due to Complainant's concerns that the cat was deaf. Dr. Bermmerl examined the cat; he did not respond to loud noises made during the exam. Complainant expressed concerns with the use of Claro and Unasyn and potential deafness as a side effect. After research, Dr. Bermmerl reported to Complainant that she did not suspect either of the medications being the cause of the cat's deafness. According to Complainant, Dr. Bermmerl advised that the ear medication used to treat the cat is considered off-label use in cats and that there are a few cases of it causing hearing loss, but that it is a rare side effect. Complainant was to monitor the cat for changes.

29. On September 27, 2019, the cat was presented to Dr. Bermmerl for weight loss. Complainant reported that she did think the cat's hearing had improved. The cat's thyroid was checked and revealed the cat was hyperthyroid; the cat was started on methimazole.

COMMITTEE DISCUSSION:

The Committee discussed that the cat had a different issue each day after the ear clean sedation which each doctor appropriately addressed the condition.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

Tracy A. Riendeau, CVT
Investigative Division